

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
**237 COLISEUM DRIVE**  
**MACON, GA 31217**  
**478.207.2440**  
**www.sos.ga.gov/plb/funeral**

**FUNERAL SERVICE APPRENTICESHIP**

**INSTRUCTIONS FOR APPLICANTS  
FOR INITIAL REGISTRATION OR ANY CHANGE IN LOCATION OR SUPERVISOR**

**RULE 250-4** Before filing an application for registration as a Funeral Service Apprentice, please read Board Rule, Chapter 250-4, which details specifically the requirements for apprenticeship. The rule may be reviewed on our website.

**REQUIREMENTS**

- **FEE** Refer to fee listing on the application. Application fees are non-refundable. Make payment by check or money order to Georgia State Board of Funeral Service.
- **AGE** You must be 18 years of age on the date that the Board receives your application.
- **EDUCATION** You must attach a copy of your high school diploma or GED Certificate to this application.

**APPRENTICESHIP DETAILS**

• <b>DATE OF REGISTRATION:</b>	The date your apprenticeship begins will be determined by the date your application is approved by the Board. <b>The Board will approve your application only when it is completed.</b> It is imperative that you the applicant review your application prior to submitting it to the Board office, as incomplete applications will result in unnecessary delays in the approval of the applications.
• <b>HOURS:</b>	<b>3120 hours</b> (the equivalent of 18 months of full-time service).
• <b>DURATION:</b>	<b>A minimum of 18 months.</b> The apprenticeship registration, which is valid for up to two years, expires on March 31 of even years, and may be renewed twice. The apprenticeship time is in addition to the time required to graduate from a college of funeral service or other college.
• <b>SUPERVISION:</b>	An apprentice must serve at a Board-approved establishment and under a Board-approved embalmer and funeral director.
• <b>REPORTS:</b>	An apprentice must complete report forms which may be obtained from the Board office or on the Board website. <b>It is the responsibility of the apprentice to maintain records of service.</b>
• <b>CHANGES:</b>	An apprenticeship is approved for a specific establishment and under a specific supervising embalmer, funeral director, or both. <b>Any change shall terminate the apprenticeship immediately.</b> You must then submit a new application, which must be presented to the Board for approval. Reports must be kept current and must be available for review by the Board inspector.

**Included in this application package** are an Apprentice Funeral Service Report, Affidavit of Embalming, and Affidavit of Assistance in Funeral Directing. You should not begin to record hours of service or bodies embalmed or funerals assisted until your application has been approved by the Board. Once your registration as apprentice has been issued, your apprenticeship begins, and hours and service may be recorded.

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DO NOT WRITE IN THIS SECTION  
RECEIPT # \_\_\_\_\_  
AMOUNT \_\_\_\_\_  
APPLICANT # \_\_\_\_\_  
INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

## APPLICATION FOR FUNERAL SERVICE APPRENTICESHIP

REASON FOR APPLICATION: Make checks payable to: The Georgia Board of Funeral Service

\_\_\_\_ Initial Funeral Service Apprenticeship \$ 40.00 Non Refundable  
\_\_\_\_ \*Change in Apprenticeship Site (to include change of supervisors) \$ 20.00 Non Refundable  
\_\_\_\_ \*Change in Supervising Embalmer &/or Funeral Director Only \$ 20.00 Non Refundable  
\_\_\_\_ Reinstatement of Apprenticeship Registration # \_\_\_\_\_ \$180.00 Non Refundable  
\*FOR CHANGE OF SITE OR SUPERVISOR, LIST APPRENTICESHIP REGISTRATION # \_\_\_\_\_

### PART I – APPRENTICE APPLICANT (Please print or type)

FIRST	MIDDLE	LAST	SUFFIX (JR, SR, ETC)
SOCIAL SECURITY NO.*: _____ - _____ - _____		PLACE OF BIRTH: _____	
<small>*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED &amp; DISCLOSED TO STATE &amp; FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 &amp; O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 &amp; 20 U.S.C.A. § 1001.</small>		CITY _____ STATE OR COUNTRY _____	
____ I AM A U S CITIZEN		DATE OF BIRTH : ____/____/____	
____ I AM NOT A U S CITIZEN, BUT AM A QUALIFIED ALIEN UNDER THE FEDERAL IMMIGRATION & NATURALIZATION ACT, & I AM LAWFULLY PRESENT IN THE UNITED STATES. (COMPLETE & SUBMIT ATTACHED FORM WITH COPY OF DOCUMENTATION)		GENDER: ____ MALE ____ FEMALE	

### ADDRESS INFORMATION

RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)

STREET	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE
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**EMAIL ADDRESS** (TO BE USED FOR NOTIFICATIONS FROM THE BOARD): \_\_\_\_\_  
Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the Board staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email address will not be shared with any third party.

**FUNERAL ESTABLISHMENT:** \_\_\_\_\_ **LICENSE NO.** \_\_\_\_\_

**MAILING ADDRESS OF FUNERAL ESTABLISHMENT** (ADDRESS USED TO MAIL LICENSE & RENEWAL NOTICE)

STREET OR P.O. BOX	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE
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**SUPERVISING EMBALMER** : \_\_\_\_\_ **LICENSE:** \_\_\_\_\_

**SUPERVISING FUNERAL DIRECTOR:** \_\_\_\_\_ **LICENSE:** \_\_\_\_\_

### PART I – APPRENTICE APPLICANT (CONTINUED)

The Apprentice Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, please explain, giving current status and attach additional sheets and documentation, if necessary.

( ) Yes	( ) No	Are you currently registered as an Apprentice? <b>If “Yes,” please provide your Apprentice Registration Number:</b> _____
( ) Yes	( ) No	Have you ever been registered as an Apprentice in this state? <b>If “Yes,” please provide your Apprentice Registration Number:</b> _____
( ) Yes	( ) No	Are you a high school graduate, or have you obtained a GED Certificate? <b>You must attach a copy of your diploma or GED certificate to this application.</b>
( ) Yes	( ) No	Do you now hold, or have you in the past held, a professional license in any state? <b>If “Yes”, submit an original notarized letter from the state of licensure.</b>
( ) Yes	( ) No	Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state?
( ) Yes	( ) No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?
( ) Yes	( ) No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
( ) Yes	( ) No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
( ) Yes	( ) No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
( ) Yes	( ) No	Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If “Yes,” attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
( ) Yes	( ) No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition?
( ) Yes	( ) No	Have you had any suit filed against you related to the practice of a profession?

### AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia State Board of Funeral Service.

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**\*\* (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1) \*\***

**Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.**

**Alien Lawfully Admitted for Permanent Residence:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Asylee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

**Refugee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

**Alien Paroled Into the U.S. for at Least One Year:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

**Alien Whose Deportation or Removal Was Withheld:**

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

**Alien Granted Conditional Entry:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

**Cuban/Haitian Entrant:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

**Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Name of Applicant

## PART II – SUPERVISING EMBALMER

### **INSTRUCTIONS:**

- Supervising Embalmers must have been employed as a licensed embalmer at least 3 years prior to the supervision.
- One supervisor may not supervise more than 4 apprentices.
- Supervising Embalmers must provide direct supervision, which shall mean a licensed supervisor present in the same room as apprentice during the embalming of a body.
- **Trade Embalmers** – Must appear before the Board and must embalm at the establishment where the Apprentice is registered.

\_\_\_\_ Yes    \_\_\_\_ No    Are you a Trade Embalmer?

**When did you become licensed as an Embalmer?** \_\_\_\_\_

### **OTHER APPRENTICES CURRENTLY SUPERVISING**

<b>NAME</b>	<b>REGISTRATION NUMBER</b>

### **AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE SUPERVISING EMBALMER

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

### **PART III– SUPERVISING FUNERAL DIRECTOR**

#### **INSTRUCTIONS:**

- Supervising Funeral Directors must have been employed as a licensed funeral director at least 3 years prior to the supervision.
- One supervisor may not supervise more than 4 apprentices.
- Supervising Funeral Directors must provide direct supervision, which shall mean a licensed supervisor present in the same room as apprentice during arrangements, or conducting funeral services.

**When did you become licensed as a Funeral Director?** \_\_\_\_\_

#### **OTHER APPRENTICES CURRENTLY SUPERVISING**

<b>NAME</b>	<b>REGISTRATION NUMBER</b>

#### **AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE SUPERVISING DIRECTOR

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

## PART IV – CERTIFICATION OF FUNERAL ESTABLISHMENT

### **INSTRUCTIONS:**

This section of the application must be completed and signed by the **Funeral Director in Full and Continuous Charge (FDFCC)** of the funeral establishment.

\_\_\_\_\_  
PRINT NAME OF FDFCC

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
PRINT NAME OF FUNERAL ESTABLISHMENT

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
DATE ESTABLISHMENT LICENSE WAS ISSUED

\_\_\_\_\_  
EXPIRATION DATE OF ESTABLISHMENT LICENSE

- The funeral establishment has had no violations in the last three inspections. (Rule 250-4-.06(1) (b))
- The funeral establishment has embalmed an average of at least 30 bodies per year over the preceding five years,  
**OR**
- The funeral establishment has embalmed a minimum of 150 bodies to date. (Rule 250-4-.06(1) (c))

### **AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE FDFCC

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

**PART V – AUTHORIZATION FOR BACKGROUND INVESTIGATION**

**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the Professional Licensing Boards Division (“Division”) to conduct a background investigation of me to determine my suitability for certification or licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division, their authorized representatives, or any other persons deemed necessary by the Division in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

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Applicant’s Full Name (Printed)

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Physical Address (P.O. Boxes **NOT** Accepted)

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---

Sex

---

Race

---

Date of Birth

---

Social Security Number

Place of Birth (City/State/Country): 

---

Aliases or Maiden Name: 

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---

Signature of Applicant

---

Date



## INSTRUCTIONS FOR APPRENTICESHIP REPORTING FORMS

**It is the responsibility of the apprentice to keep records of hours and services performed. Do not submit a reporting form to the Board without maintaining a copy for your records.**

The Apprentice Funeral Service Report is used to keep daily and weekly records of the hours the apprentice serves at the funeral establishment. The maximum weekly credit allowed for service is 40 hours.

### **Board Rule 250-4-.03 Serving of Apprenticeship.**

- (1) Hours and Duration. An apprenticeship period consists of 3,120 hours served in a time span of no less than 18 months and no more than two renewal cycles, as defined in O.C.G.A. § 43-18-50(c). This period shall be measured from the date the application is approved by the Board. The eighteen-month minimum must be in addition to the time required to graduate from a college of funeral service accredited by the American Board of Funeral Service Education or such other college specifically approved by the Board.
- (2) Business Hours. Regular business hours, for purposes of apprenticeship, means the hours between 8:00 A.M. and 10:00 P.M.
- (3) Sleeping. An apprentice may not count hours spent sleeping in a funeral establishment toward his/her hours of requirement, even if such time spent sleeping occurs during the regular business hours as defined in Rule 250-4-.03(2).
- (4) Reports. Every six months, each apprentice shall furnish the details of the hours spent in employment as an apprentice on forms supplied by the Board. After completing the 3,120 hours for apprenticeship within the specified period, the apprentice shall send the last report to the Board regardless of the date. The information contained in the report shall be certified as correct by the funeral director in full and continuous charge and by the supervising funeral director and embalmer. The report will specify the number of bodies in the embalming of which the apprentice has assisted and the number of funerals in which the apprentice has assisted. This report shall be current and available for inspection.

The apprentice must submit the Apprentice Funeral Service Report to the office of the Georgia State Board of Funeral Service. Forms should be mailed to the address below:

**Georgia State Board of Funeral Service  
237 Coliseum Drive  
Macon, GA 31217**

**\*\*\*If you wish to receive confirmation that the Board office received your report form(s), you must submit the original form and one copy, and you must include a self-addressed envelope as indication that you wish to receive acknowledgement. The Board office will only acknowledge receipt of the Apprentice Funeral Service Report if specifically requested by the apprentice with a copy of the form and a self-addressed envelope. Acknowledgement is only for the receipt of the form, not as approval of the number of service hours reported.**

If your supervising embalmer or director changes or if you change employment to another funeral establishment your service hours will not be credited until you submit a request to change supervisors &/or apprenticeship site and the change is approved by the Board. The apprenticeship application should be used to accomplish this change request.

By: \_\_\_\_\_ Date: \_\_\_\_\_

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
**237 COLISEUM DRIVE, MACON, GA 31217-3858**  
**TELEPHONE: 478.207.2440**

AFFIDAVIT OF ASSISTANCE IN EMBALMING

REPORT DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**APPRENTICE NAME:** \_\_\_\_\_  
**APPRENTICE LICENSE NUMBER:** \_\_\_\_\_

**FUNERAL  
ESTABLISHMENT:**

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Embalmer, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Embalming of the listed fifty (50) bodies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising Embalmer

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Embalmer License Number

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
**237 COLISEUM DRIVE, MACON, GA 31217-3858**  
**TELEPHONE: 478.207.2440**

AFFIDAVIT OF ASSISTANCE IN FUNERAL DIRECTING      REPORT DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**APPRENTICE NAME:** \_\_\_\_\_  
**APPRENTICE LICENSE NUMBER:** \_\_\_\_\_

**FUNERAL  
ESTABLISHMENT:** \_\_\_\_\_

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
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13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Funeral Director, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Funeral Directing of the listed fifty (50) bodies.

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Funeral Director

\_\_\_\_\_  
Funeral Director License Number